

EQUAL PAYMENT PLAN AGREEMENT

I, _____, do hereby agree to participate in the Equal Payment Plan with the Town of Wake Forest. My budget billing payment will be \$_____ (to be filled by office) and must be paid by the date it is due each month. I understand if I accumulate a large credit or debit balance my payments will be adjusted by the Town.

In September of each year, I will pay an arrears as shown on my account. If I am late two (2) times, I will be removed from the program.

I understand that I may withdraw from the program at any time by requesting to do so in writing and paying the total on the account.

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Customer Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Account No.: _____ Date: _____